

of the State, even though the authors may not be able to attend the Annual Session *in person*.

(Note. Such papers can be listed, "Read by Title," but can be actually read, if desired, by some section member living in Los Angeles.)

This plan will also give CALIFORNIA AND WESTERN MEDICINE up-to-date papers, and such "Read by Title" papers will be eligible for publication in CALIFORNIA AND WESTERN MEDICINE.

From the above, you will note that all Section Officers have the responsibility to proceed with the arrangement of their respective programs.

Because of the transportation and associated difficulties of this wartime period, the Officers of each Section may wish to re-check on essayists who are in the Los Angeles area, both in civilian practice or nearby hospital stations of Army or Navy camps and hospitals.

Cordially yours,

C.M.A. COMMITTEE ON SCIENTIFIC WORK,  
By GEORGE H. KRESS, *Chairman*  
(ex officio, Association Secretary)

## COMMITTEE ON POSTGRADUATE ACTIVITIES

### Fourteenth Midwinter Postgraduate Clinical Course of Research Study Club of Los Angeles

*Four Hundred Eye, Ear, Nose and Throat Specialists  
Attend Conference*

More than 400 eye, ear, nose and throat specialists from all over the country began assembling on January 22 for the fourteenth annual midwinter postgraduate clinical convention in ophthalmology and otolaryngology, which got under way at the Elks Temple, 607 South Parkview avenue, Los Angeles. The convention continued to Feb. 2.

Held under the auspices of the Research Club of Los Angeles, the conference was the nature of a post graduate study clinic embodying a free exchange of ideas and new clinical experience.

Listed as teachers were the following out-of-town doctors: John J. Shea, Memphis; Cecil S. O'Brien, Iowa City, Iowa; Hans Brunner, Chicago; Kenneth G. Swan, Portland, Ore.; Guy L. Boyden, Portland, Ore.; William Crisp, Denver; Chauncey D. Leake, Galveston; Samuel Salinger, Chicago; Irving B. Lueck, Rochester, N. Y.; Scott N. Reger, Iowa City, Iowa; George N. Hosford, San Francisco; Meyer Wiener, Coronado, Cal., and Samuel A. Crooks, Loma Linda, Cal.

On Monday evening, January 22, the Los Angeles Society of Ophthalmology and Otolaryngology held its annual meeting and banquet at the Elks Club and welcomed the members and teaching staff of the Mid-Winter Course. In addition to Guest-Lecturers of the Midwinter Course, President Lowell S. Goin and Secretary George H. Kress of the California Medical Association were called on to discuss current medical legislation.

## COMMITTEE ON MEDICAL ECONOMICS

### Gross and Net Incomes of Physicians (COPY)

AMERICAN MEDICAL ASSOCIATION  
535 North Dearborn Street  
Chicago, 10

January 29, 1945.

My dear Doctor Kress:

Your letter of January 26 came to my desk a few minutes ago.

We have no late figures pertaining to physicians' incomes. Some years ago we undertook what I believe to be the most intensive and comprehensive survey that has ever yet been undertaken but when it was all done some of us had grave doubts as to the accuracy of the figures reached. Instead of using the methods usually employed in making such surveys we made a very earnest effort to secure information from many thousands of doctors rather than from a very few hundreds or a very few thousands. It was found that it was exceedingly difficult to secure information from men in the lower income groups and even more difficult to secure dependable information from the men in the highest income groups. Responses received from some states were very meager and from other states much more numerous than had been expected. It is my purely personal opinion that many individuals kept exceedingly poor records and that the estimates of their own incomes were little more than guesses, that being especially true with respect to net incomes. Even so, the figures that were developed as the result of our survey were rather closely in agreement with figures compiled by the Committee on the Costs of Medical Care.

I doubt very much that it is advisable to utilize any figures that have been recently compiled for the purpose of estimating the average incomes either gross or net. There are now some 60,000 physicians on active duty with the military forces and with other governmental agencies that are immediately concerned with medical service as an important part of the war effort. That means, of course, that the number of physicians available for civilian service is relatively small as compared to the number that would be available in normal times. Naturally, it is, of course, inevitable that individual incomes in 1943 would be higher than in normal times and the result is that any picture that might be drawn on the basis of present conditions would be altogether abnormal and would not mean anything except that physicians now engaged in civilian practice are enjoying larger incomes than ever before.

However, all this may be, I shall make immediate effort to secure for you available information concerning our own survey and I shall forward it to you at the earliest possible time.

With all good wishes, I am,

Very truly yours,

(Signed) OLIN WEST.

(COPY)

WESTERN UNION TELEGRAM

Chicago, January 29, 1945.

Dr. George H. Kress,  
450 Sutter Street,  
San Francisco.

American Medical Association survey of 1928, median gross income all physicians was \$7,431. Private practitioners \$8,090 median net, all physicians same year \$4,555.

Private practitioners, \$4,938 Committee on the costs of medical care survey of 1929. Median gross income all physicians was \$7,026. Private practitioners \$7,662. Median net all physicians, \$4,200.

Private practitioners \$4,100 Michigan State Medical Society survey, 1931. Median gross all physicians \$5,637. Median net all physicians \$3,264.

California Medical Association survey, median net income \$5,000 to \$5,999 in 1929; \$3,000 to \$3,999 in 1933.

State Medical Society of Wisconsin in 1930 indicated twenty-six and three-tenths per cent physicians net in-

come of less than \$2,000; fifty-seven and nine-tenths per cent net income of less than \$4,000; and thirty-two per cent over \$5,000.

In Utah on basis of small survey, average gross income in 1928, \$9,943 and in 1933, \$5,661; average gross income in 1928, \$9,943 and in 1933, \$5,661; and approximately same figures for Colorado.

OLIN WEST.

## COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

### San Francisco Health Survey

Closing of San Francisco's emergency hospitals will be recommended by the two doctors of the American Public Health Association who have been hired by the city to survey the Health Department.

Their report will criticize Health Director Geiger for carrying too much of the burden of his department alone, it was learned yesterday, and will recommend scrapping of a closed shop agreement giving staffs of the two university hospitals exclusive rights to work in San Francisco Hospital.

The two doctors, Dr. Carl Buck and Dr. George Palmer, reportedly believe it would be more economical for the city to pay for the treating of emergency patients at private hospitals than to maintain staffs constantly at the five emergency hospitals.

Their criticism of Dr. Geiger will be that he is too conscientious, and that his failure to delegate more authority interferes with the efficiency of the Health Department. Dr. Geiger is known to keep a close personal watch on all institutions and departments under him, making many of the decisions which could be delegated to assistants.

University of California Hospital and Stanford Hospital have had exclusive charge of all county patients at San Francisco Hospital for many years.

A group of psychiatrists recently requested that two wards at the hospital be opened up to private physicians and doctors for the care of mental cases, and the Supervisors have the request under consideration.

Dr. Geiger said the present set-up was ideal, as far as the city is concerned, and also was ideal for the training of young doctors by the universities.

The investigating doctors were hired by Chief Administrative Officer Thomas A. Brooks to make the survey.

Brooks said he did not feel anything was wrong with the Health Department, but believed "we are sometimes too close to the picture to see needed changes."

The doctors have been studying the department for three months and will file their report in a week or 10 days.—San Francisco *Chronicle*, January 27.

## MEDICAL JURISPRUDENCE†

HARTLEY F. PEART, ESQ.

San Francisco

### Salary Stabilization As It Affects Employees in Offices of Physicians and Surgeons

This is substantially the same article as appeared in the January, 1945, issue of the *Bulletin* of the San Francisco County Medical Society under the above title. It

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions, and analyses of legal points and procedures of interest to the profession.

is reproduced in this column with some minor changes because the subject matter is of importance to every physician and surgeon in the State of California.

Wage and Salary Stabilization as instituted in October, 1942, by an amendment to the Emergency Price Control Act and the President's Executive Orders thereunder applied to all employers in the United States. Either the National War Labor Board or the Commissioner of Internal Revenue was vested with jurisdiction to regulate all wage and salary increases and decreases with the Commissioner being granted jurisdiction over all salaries in excess of \$5,000, and those salaries of less than \$5,000 paid to executive, administrative or professional employees. The National War Labor Board was given jurisdiction to control wage and salary increases or decreases in all other cases. By the terms of the President's Executive Order No. 9250, the National War Labor Board was authorized by general regulation to make such exemptions from the salary stabilization law in cases involving small total wage increases as it deemed necessary for the effective administration of salary stabilization. Under its General Order No. 4 the War Labor Board exempted from the operation of salary stabilization all wage adjustments made by employers who employed eight or less individuals. Under this exemption, until October 6, 1944, doctors employing eight or less individuals including nurses, anaesthetists, laboratory or x-ray technicians were free to raise or lower the salaries of their employees in most instances without consulting the War Labor Board, provided that no more than one increase per person per year was permitted.

On October 6, 1944, the National War Labor Board removed the exemption under General Order No. 4 to employers of eight or less employees who employ laboratory technicians, pharmacists, nurses, anaesthetists, x-ray technicians or physical therapists in Region 10 covering the States of California, Nevada and Arizona. The effect of the removal of this exemption subjects all doctors' offices in this area where any nurse, technician, pharmacist or physical therapist is employed to wage and salary stabilization. No doctor having this type of employee is permitted to increase the salary of any employee in his office (with the exception of another physician or surgeon) or to decrease the salary below the highest rate paid employees between January 1, 1942, and September 15, 1942, without first securing the approval of the National War Labor Board, unless an increase falls within one of the special instances wherein the War Labor Board has by its regulations authorized increases without prior approval. General Order No. 5 of the National War Labor Board reads in part as follows: "Subject to the requirements of General Order No. 31, Wage adjustments may be made in the rates of individual employees, without approval of the National War Labor Board, if they are incident to the application of the terms of a wage agreement which existed previous to or has been approved since October 3, 1942, or incident to an established or approved wage rate schedule covering the work assignments of employees and are made as a result of:

- (a) Individual promotions or reclassifications;
- (b) Individual merit increases within established rate ranges;
- (c) Operation of an established plan of wage increases based upon length of service;
- (d) Increased productivity under piece-work or incentive plans;
- (e) Operation of an apprentice or trainee system."

In any other case where a physician wishes to decrease or increase the salary of any of his employees, he